that they would seem to have no need to sigh for one outside its boundaries."

HOSPITALS FOR THE INSANE.—Dr. S. V. Clevenger (*American Journal of Neurology and Psychiatry*, August, 1884) concludes that the hospital for the insane is an important element in treatment. It should be constructed on the segregate plan with a predominance of associated dormitories. The attendants should be properly chosen, properly treated, and encouraged to take a *scientific* interest in their patients. Under certain restrictions female attendants should be placed in male wards. Restraint should be reduced to the greatest possible minimum and prescribed strictly as a remedy. Employment of a proper nature should be given the patient. Furloughs may be of service, but should be given with great care. A censorship should be kept over correspondence. Each hospital should have two sick wards. Visits of friends should be permitted only when beneficial to the patient. Schools should be established as a means of employment and treatment. Dr. C. H. Hughes (*Alienist and Neurologist*, April, '85) concludes that every insane community of mixed, recent, or long standing cases, or of chronic cases exclusively, should be a home and not a mere place of detention. It should be as unprison-like and attractive as any residence for the non-criminal. It should have at least 640 acres of ground. It should be in the country, but accessible to the supplies of a large city. It should have a central main building as architecturally beautiful and substantial as the State will erect, provided with places of security for such cases as are excited, with a chapel, amusement hall, and hospital in easy covered reach of the feeble and decrepit, and accessible without risk to health in bad weather. Out-houses should be built with rooms attached and set apart for the residence of trustworthy patients, for farmer, gardener, dairyman, shepherd, engineer. Cottages should be scattered about the ground for the use and benefit of such as might enjoy a segregate life. A perfect but not direct nor offensive surveillance should be exercised over all the patients, with a view to securing them the lagest possible liberty compatible with the singular nature of their malady. The head of such a community should be a physician. The largest personal liberty should be best secured to them by provision for the sexes in widely separated establishments.

J. G. KIERNAN, M.D.

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e.—THERAPEUTICS OF THE NERVOUS SYSTEM.

SECONDARY NERVE SUTURE.—Though secondary suture of nerves is a well-recognized operation, one of the two cases reported by Dr. Thomas H. Markoe (*Medical News*, March 14, 1885) is so unique as to deserve recording. A little girl was admitted to the New York Hospital with a wound in the neck. After the disability of the shoulder from the wound had subsided,

it was found that there was loss of power of abduction of the arm and of flexion of the forearm. Supination was limited and feeble. Pronation good. Extension of forearm slightly, if at all, affected. Flexion and extension of hand and fingers not notably impaired. Anæsthesia well marked over shoulder and outer aspect of arm.

There followed atrophy of the deltoid, supra- and infra-spinatus, biceps, and brachialis anticus. The reaction of degeneration appeared in the deltoid and brachialis anticus. The reaction of the muscles supplied by the rhomboid, supra scapular, and long thoracic nerves could not be satisfactorily obtained, but the muscles themselves showed marked atrophy. Dr. M. diagnosed division of the upper cord of the brachial plexus (5th cervical). After waiting vainly four months to see if recovery under galvanism, etc., would occur, Dr. Markoe determined to reunite the cut ends of the nerve by suture. The operation was done one hundred and thirty-one days after the injury. The nerve, which was found to be the upper root of the plexus, as had been originally diagnosed, was divided in two places, so as to include all that part involved in the cicatrix, leaving a clear cut on both distal and proximal ends, through healthy nerve substance. It was then found, if the macroscopic appearances could be relied upon, that it was the short proximal portion that was degenerated and not the distal ; this opinion was founded on the fact that the proximal stump was smaller, its fibres not so clean and glistening as in the cord below and in the surrounding nerve trunks. No microscopic examination, however, was made, and so the fact lacks scientific value. Nine months after the operation the atrophy of the muscles had disappeared, and considerable motion had reappeared. The case promised to be a complete success. Dr. M. concludes with a summary of the results of the operation as given in Weissenstein's collection of thirty-threc cases, together with six additional cases. Of these thirty-nine cases, twenty-nine were successes, in so far that sensibility and motility were partly recovered. In six cases no improvement, or almost none, occurred, and in three cases the data were insufficient for statistical use.

Tonic Spasm of the Accessorious Cured by Gymnastics and Massage.—H. S. Beyer reports (*Med. News*, April, 1885) a cure by these means, after all the ordinary means had failed. B. thinks the disease was central, because both the trapezius and sterno-mastoid were involved. General and local massage was given. The gymnastics consisted in swinging a bar, which the patient grasped with both hands, pacing the room, etc., (to exercise the legs). These were practised twice a day, under the supervision of the physician. The patient was still well a year after treatment ceased.
